PA Number

Pre-Authorization Form (PAF)

Medical Hotlines (In emergency / after office hours):Call Center (021) 111-338-338

Important Instructions For The Insured/Covered Member:

1) Please use this form if you are advised a non-emergency hospitalization by a qualified doctor/physician.
2) Show your health card to the consultant at our network hospital and request to fill this form.
3) Filled PA form should be submitted at the admission office of the hospital at least two (2) working days before the intended hospitalization date OR send the completely filled PA form to Medical Department of EFU Life Assurance Ltd - Health Office or email us at meds@efulife.com directly.
4) Please complete the PAF accurately and attach all supporting documents. This form is available at our website / our Network Hospitals. Photocopies can also be used.
5) If you have any difficulty in filling this form, please contact our Customer Services Hotline.

Important Instructions For The Hospital: Fill all columns of the form.

Employer / Policyholders's Name	
Policy Number	
Card ID Number (Written on your healthcard)	
Employee Name (for corporate plans only)	
Patient's Name / age and relationship	
Hospital Name / Room & Board sublimit	
MR Number / Patient Number	
CNIC and Contact No. of Employee	
To be Admitted On (Date)	
Presenting complaints with duration of illness.	
Diagnosis/Provisional Diagnosis	
Any associated disease/Co-morbids with exact duration of problems(s)/congenital illness	
Procedure to be Undertaken (if any)	
Treatment Currently given to the Patient	
Expected Length of Stay	
Expected Cost of the Treatment	
Attending Doctor's Name	

For EFU Life Assurance Ltd. Use Only

Date Received:	Processed By:	Decision Date:

REMARKS

EFU LIFE ASSURANCE LTD.

EFU Life House, Plot No. 112, 8th East Street, Phase I, DHA, Karachi, Pakistan